

Psychiatrists on social media – new frontiers: Four years into my YouTube channel, “Mental Health Round Table”

K D S Sirisena

Abstract

Over the last decade or so the expanding landscape of mental health education and engagement with the public has extended into the frontiers of social media (SM). We can no longer remain deaf, dumb or mute about the impact of social media on how individuals become informed about mental health issues. If trained professionals are not familiar with the use of

social media, or if they are not willing to use this medium, then the space would be invariably be filled by others, often untrained individuals, some with varying motivations. There is an urgent need to equip mental health professionals to facilitate effective and appropriate use of social media, to enable them to become better communicators in mental health.

SL J Psychiatry 2022; 13(1): 54-55

It has been four years since I started my YouTube channel, the “Mental Health Round Table”, in Sri Lanka. It was started in 2018, with the hope of facilitating engagement between mental health professionals and the general public. This has been used as a strategy to bridge the gap in knowledge and reduce stigma associated with mental illness. As the Generation Z or iGen (those born between 1997 and 2012) come of age and go into adulthood, social media and the internet will be an important source of news and knowledge for most of them (1). When it comes to social media, short Facebook posts, YouTube videos and long form discussions in podcasts have supplanted the previous trend of long form essays on blogs. I believe that we need to adjust and adapt to the changing information age.

The previous trend of depending on the legacy of printed media to relay health messages has now been turned on its head, and a majority of health authorities use social media posts to give key news on health-related matters. Social media use in relation to health has changed, with the former facilitating rapid sharing of health information between health care professionals and the general public (2). This was exemplified during the COVID-19 pandemic, when social media utilization helped to keep the general public informed of the most recent updates regarding the pandemic (3).

One of the benefits of using social media is that one can easily become a self-publisher, without depending on a third party to “manage” or “spin” the message. The information would then come straight from the ‘horse’s mouth’ so to speak, with less filtering; and one would be

able to directly interact with the recipient of the information. This avoids any editorial process by a third party, which may remove a nuanced argument in lieu for an ultra-simplified message which does not do justice to the core of the matter.

The availability of a multitude of social media platforms have allowed health care professionals to go beyond traditional media, and to bring awareness about health issues to a larger follower base. This is especially important in the case of mental health, where the high level of stigma and hesitancy to contact a mental health professional means there is a significant “treatment gap” (4). This “treatment gap” was observed to be 67.6% in 2011 (4). This “gap” is now in part being filled by a range of individuals, with varying skills and motivations. While many may provide a good service, some maybe unscrupulous, and may give harmful advice. Alternatively they may be well meaning but untrained professionals who promote therapies based on pseudoscientific practices. Individuals who are marginalized, fettered with mental illness or in dire situations may be particularly vulnerable to accepting and adhering to such misguided advice.

The only way to manage misinformation and bad information, is not through making restrictions and limitations; I usually refer to the axioms proposed by John Stuart Mill in his essay ‘On Liberty’: “He who knows only his own side knows less of that” (5). Because of the “free market” nature of ideas online, we cannot restrict ideas, and I believe we should not. The best way to counter bad information is by using good information.



This article is published under the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Thus, it is the prerogative of health professionals, especially mental health professionals who are trained and qualified, to adopt social media and disperse their knowledge and opinions regarding mental health issues. There need not be a consensus, but a heterodoxy of ideas about mental health issues requires to be welcomed and openly discussed.

Some psychiatrists and trainees in psychiatry have already taken up the challenge of dispersing knowledge via social media and this is a good trend, but it needs to be emphasized as a part of their formal training. It is only through practice that one learns the best ways to engage with individuals.

When considering the analytics for the YouTube channel “Mental Health Round Table” that was created by us, there has been about 431,800 views overall, with 87% coming from Sri Lanka, followed by Australia and Italy. The viewership also include those from Monaco, Greece, and Sweden. Many of the viewers are in the 25-34 year age group (41%), followed by those in the 18-24 year age group (29%). About 62% of the viewer are males. Of the viewers only 25% are subscribed viewers, and the most commonly viewed videos are those related to transgender issues, depression, anxiety and obsessive-compulsive disorder.

This indicates an interest to find out about mental health issues, among the 18-35 year age group. This also corresponds with patterns of mental health awareness and help seeking behaviour associated with mental health in other countries. The Gen Z cohort (the 10-25 year age group) has been found to be more willing to speak about issues related to mental health (27%); they are more likely, along with millennials (the 26-40 age group) to be open about seeking mental health support and therapy, with reported rates of 37% and 35% for Gen Z and millennials, respectively (6). If trained professionals and medical professionals are not out there on cyberspace talking and educating the masses who are curious, the latter may easily fall prey to unscrupulous individuals or the “snake oil salesmen” of the old. We recently observed a highly publicized event where a person who was touted as a counsellor, had provided clinically wrong and harmful information to trainee police officers. If this was not intercepted, we can imagine how this wrong advice might have impacted on police officers working in the field.

As the vistas of mental health education and engagement expand, trainees need to become frontier explorers in changing methods of communication. It is important for mental health professionals to be versed and familiar in the use of social media. Media exposure and dealing with media has been part of post-MD training in the recent past. I believe a similar emphasis on social media use and advocacy should be given to trainees in psychiatry, to equip them with the proper tools to engage with the patients in the age of social media.

Conflicts of interest

None declared.

KDS Sirisena, Galgamuwa Base Hospital, Sri Lanka

Email: dinushasirisena@gmail.com

 <http://orcid.org/0000-0002-8847-3958>

References

1. Marar SD, Al-Madaney MM, Almousawi FH. Health information on social media. *Saudi Med J* 2019; 40(12): 1294-8.
2. Huo J, Desai R, Hong YR, Turner K, Mainous AG, Bian J. Use of Social Media in Health Communication: Findings From the Health Information National Trends Survey 2013, 2014, and 2017. *Cancer Control* 2019; 26(1): 1073274819841442.
3. Social media and COVID-19: A global study of digital crisis interaction among Gen Z and Millennials [Internet]. [cited 2022 Apr 14]. Available from: <https://www.who.int/news-room/feature-stories/detail/social-media-covid-19-a-global-study-of-digital-crisis-interaction-among-gen-z-and-millennials>
4. Fernando N, Suveendran T, Silva C de. Decentralizing provision of mental health care in Sri Lanka. *WHO South-East Asia J Public Health* 2017; 6(1): 18.
5. On Liberty by John Stuart Mill: chapter two [Internet]. [cited 2022 May 12]. Available from: <https://www.utilitarianism.com/ol/two.html>
6. Gen Z more likely to report mental health concerns [Internet]. <https://www.apa.org>. [cited 2022 May 12]. Available from: <https://www.apa.org/monitor/2019/01/gen-z>